

# BONITA STANTON, M.D., MEMORIAL 5K

SUNDAY, OCTOBER 27, 2024

GiveHMH.org/Stanton5K

## Sponsorship Opportunities

### \_\_\_\_ PLATINUM SPONSOR - \$25,000

- Name/logo prominently listed on a banner displayed at Hackensack Meridian School of Medicine leading up to the run
- Name on start line sign, finish line sign, thank you sign and t-shirts
- Exclusive table at the run to place promotional items
- Recognition in press release
- Name/logo listed on all promotional materials (if sponsorship is received by Monday, September 9, 2024)

### \_\_\_\_ GOLD SPONSOR - \$10,000

- Name/logo listed on a banner displayed at Hackensack Meridian School of Medicine leading up to the run
- Name on start line sign, finish line sign, thank you sign and t-shirts
- Opportunity to place promotional items on information table at the run

### \_\_\_\_ SILVER SPONSOR - \$5,000

- Name on start line sign, finish line sign, thank you sign and t-shirts
- Opportunity to place promotional items on information table at the run

### \_\_\_\_ BRONZE SPONSOR - \$3,000

- Name on thank you sign and t-shirts

### \_\_\_\_ FINISH LINE SPONSOR - \$1,000

- Name on thank you sign and finish line sign

### \_\_\_\_ SUPPORTING SPONSOR - \$500

- Name on thank you sign

### INDIVIDUAL PARTICIPATION

Pre-Registration - \$30 + CompuScore fee

Late Registration - \$35

### \_\_\_\_ IN-KIND DONATIONS

- In-kind donations are contributions of goods or services (e.g. food/entertainment)
- In-kind donations will be acknowledged on the thank you sign at the event
- For in-kind donations, please contact Carissa Paslowski, coordinator, Strategic Events, at [carissa.paslowski@hmhn.org](mailto:carissa.paslowski@hmhn.org) or 551-352-3783.

\_\_\_\_ I cannot attend but wish to contribute \$\_\_\_\_\_

Sponsorships must be received by Friday, October 4 to be guaranteed inclusion on t-shirt and event materials.

Visit [GiveHMH.org/Stanton5K](https://GiveHMH.org/Stanton5K) to register online.

\_\_\_\_\_  
Name

(List personal or company name as you would like it to appear on any printed materials)

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

Enclosed is a check in the amount of \$\_\_\_\_\_

**Please make checks payable to Hackensack Meridian School of Medicine.**

Charge my credit card in the amount of \$\_\_\_\_\_

\_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ Amex \_\_\_\_ Discover

\_\_\_\_\_  
Credit card #      Exp. Date      Security Code

\_\_\_\_\_  
Name on credit card

\_\_\_\_\_  
Signature

I/We do not wish to receive future mailings. Please remove my name from your list.

Mail to: Hackensack Meridian Health Foundation, 343 Thornall Street, 7th Floor, Edison, NJ 08837  
Attn Carissa Paslowski/Stanton 5K. For more information, please contact Carissa Paslowski, coordinator,  
Strategic Events, at [carissa.paslowski@hmhn.org](mailto:carissa.paslowski@hmhn.org) or 551-352-3783.

Please contact us at 848-275-1361 or [FoundationOptOut@hmhn.org](mailto:FoundationOptOut@hmhn.org) if you wish to have your name removed from the list to receive fundraising requests supporting Hackensack Meridian Health Foundation in the future.



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